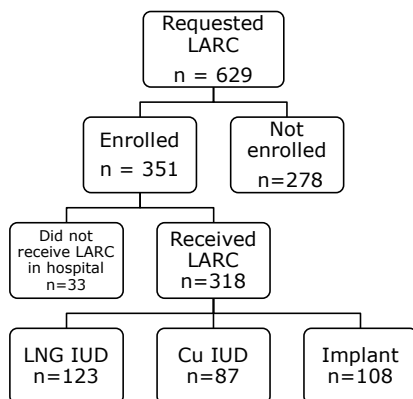


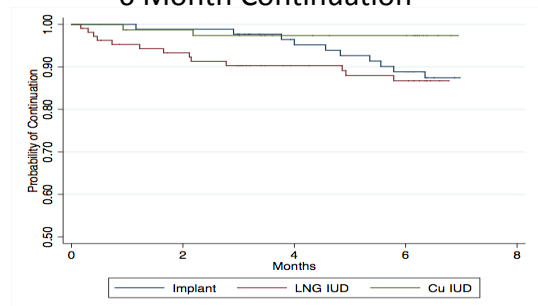
Postpartum IUD Insertion Training



The U of U In-hospital Postpartum IUD and Implant Experience



In-hospital Postpartum IUD & Implants 6 Month Continuation



Immediate Postpartum IUD Placement

How to Get it Done

Preinsertion tasks

1. Bimanual exam
2. Clean the external genital area with a clean cloth
3. Place a clean drape over the client's abdomen and underneath her buttocks

Pelvic examination

4. Insert a speculum, retractor or gloved hand into the vagina and visualize the cervix
5. Prep the cervix and the vagina with a liberal application of an antiseptic solution, allow time for the antiseptic to work
6. Gently grasp the anterior lip of the cervix with ring forceps. (Do not use a toothed tenaculum because it may tear the cervix.)

Figure 7.1: The Instruments Ordered on the Auxiliary Table



Insertion Tasks

- 7. Grasp the IUD with Kelly placental forceps or with a second pair of standard ring forceps. The IUD should be held by its vertical arm, the horizontal arm of the IUD should be slightly out of the ring in the same direction of the rings and slightly sided. This will facilitate the liberation of the IUD in the fundus, decreasing the risk of pulling it out will removing the forceps.

Figure 7.3:



Figure 7.6:



Insertion Tasks (cont)

- 8. Exert gentle traction towards you of the cervix-holding forceps
- 9. Insert the forceps holding the IUD through the cervix and into the lower uterine cavity. Avoid touching the walls of the vagina with the IUD.

Figure 7.5:

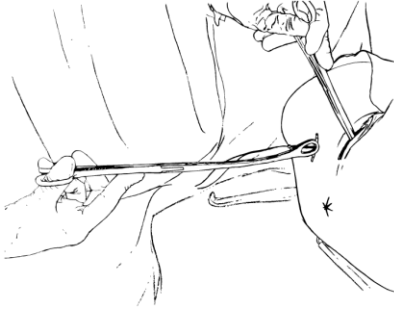
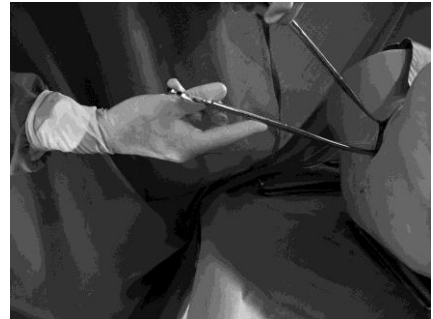


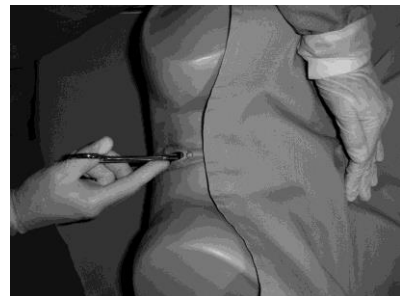
Figure 7.7:



Insertion Tasks

10. As the IUD passes through the cervix, release the hand that is holding the cervix-holding forceps and move this hand to the abdomen placing it over the uterine fundus.
11. With the abdominal hand, stabilize the uterus with firm downward pressure through the abdominal wall. Prevent the uterus from moving upward in the abdomen as the IUD is inserted.

Figure 7.8:



Insertion Tasks

12. Move the IUD-holding forceps IUD in an upward motion toward the fundus (in an angle towards the umbilicus). Remember that the lower uterine segment may be contracted and therefore some slight pressure may be necessary to advance the IUD and achieve fundal placement.

Insertion techniques

13. If the client has delivered vaginally after a previous cesarean delivery, take care to avoid placing the IUD through any defect in the previous incision by maintaining your ring forceps pressured against the posterior uterine wall.
14. By feeling the uterus through the relaxed abdominal wall, confirm with the abdominal hand that the tips of the forceps reach the fundus.

Figure 7.9:



Insertion Tasks

- 15. Open the forceps, releasing the IUD.
- 16. Slowly remove the forceps from the uterine cavity, keeping it slightly open, and sweeping the forceps slightly laterally to avoid entanglement with the string.

Postinsertion Tasks

17. Examine the cervix

Note: Sometimes, when the uterus is well contracted or small, the strings can be seen through the cervix. If this is the case, don't do anything. In the event of a large uterus, as per your assessment at the beginning of the procedure, if you see the strings, this will be an indication that the IUD has not reach the fundus

18. Remove the cervix-holding forceps from the anterior lip of the cervix

Manual Insertion Technique

1. Visualization the cervix with the aid of a retractor.
2. You need to have a long sleeve sterile pair of gloves or standard gloves WITH water-impermeable gown
3. Use a hand, rather than forceps to insert the IUD.
4. Hold the IUD by gripping the vertical rod between the index and middle fingers of your predominant hand.

Figure 7.10:



Manual Insertion Technique

5. Slowly insert your IUD-holding hand into the vagina and through the cervix into the uterus. Direct it toward the abdominal hand, which should be firmly holding the uterine fundus through the relaxed abdominal wall. Stabilize the uterus by downward pressure to prevent it going up higher in the abdomen as you insert the IUD-holding hand. This also helps one know the direction that you need to direct the IUD-holding hand, and to confirm, by palpation with the external hand that the fundus has been reached.
6. Take particular care not to dislodge the IUD as the hand is slowly removed from the uterus.

Figure 7.11:



Figure 7.12:



Figure 7.13:

